	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									Application or Docket Number 09303 404						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY					
TOTAL CLAIMS 01						:		RATE		FEE	7	RATE	FEE			
FOR			NUMBER FILED NUM			SER EXTRA		BASIC FEE		355.00	OR	BASIC FEE	710.00			
Ī	OTAL CHARGE	ABLE CLAIMS	20 minus 20=			0		X\$ 9=			OR	X\$18=				
ΙN	DEPENDENT C	CLAIMS	7 minus 3 = 10				X40=				OR	X80=				
Ľ	ULTIPLE DEPE	NDENT CLAIM F	PRESENT	ESENT				+135=			OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	+	DI	OR	TOTAL	-			
(Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	OTHER SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	EA	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	. 20	Minus	. 20	_	-	X\$	X\$ 9=			OR	X\$18=				
	FIRST PRESENTATION OF ML		Minus			- 0		X40=			OR	X80=				
								+135=			ОЯ	+270=				
(57/29/	05					,	ADDIT. FEE		OR	TOTAL ADDIT. FEE					
_		(Column 1)		(Column HIGHES		(Column 3)										
ENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE			
AMENDMENT B	Total	. 20	Minus	20		- - -	H	X\$ 9=	Τ		OR	X\$18=				
	Independent	NTATION OF MI	Minus	PENDENT C	1 AISA	=		 #40≥	l	೨೨	OR	X80=				
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								T		OR	+270=				
BEST AVAILABLE COPY								TOTA ODIT. FEI		Pd.	OR,	TOTAL ADDIT, FEE				
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	TI	IDDI- ONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	•	Minus	••		± .	T	X\$ 9=	T		OR	X\$18=				
쁘	Independent	I	Minue				⊢		-		***					

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-878 (Rev. 8/00)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

X80=

+270=

OR ADDIT. FEE

X40=

+135=